

# BIPOLAR DISORDER

A GUIDE FOR  
INDIVIDUALS AND FAMILIES  
FOR THE TREATMENT OF  
BIPOLAR DISORDER IN ADULTS

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# Bipolar Illness: What is it?

**The first thing to know:** Bipolar disorder — sometimes also called manic-depressive illness — is a medical illness much like heart disease, diabetes or any other physical illness or condition.

Bipolar disorder causes extreme swings in a person's moods, emotions and behavior. These strong moods may include intense elation or irritability, the MANIC aspect; deep sadness or hopelessness, the DEPRESSION aspect; or both, called MIXED STATE.

When an individual has at least four different episodes of strong mood disturbance within a 12-month period, this is called RAPID CYCLING.

Bipolar disorder is typically a lifelong illness and most often begins in the later teenage years or early adulthood. It commonly runs in families — but not always — and affects more than 2 million Americans.

**The second thing to know:** Bipolar disorder is a very treatable illness. While this illness often has a significant impact on individuals' families, friends and significant others, treatment is readily available — and when properly followed, is often successful.

## The Warning Signs

Like most medical conditions, bipolar disorder has symptoms or signs:

### SIGNS OF MANIA

- | Excitability or feeling “high”
- | Increased talkativeness
- | Fast speech
- | Decreased need for sleep
- | Excessive energy
- | Risky behaviors

### SIGNS OF DEPRESSION

- | Feeling sad, depressed or guilty
- | Slowed or sluggish behavior
- | Thoughts or plans of suicide
- | Hopelessness
- | Changes in sleep, appetite, energy
- | Problems concentrating

These feeling states are often painful, last a long time and are serious. They are very different from ordinary feelings of being really happy and excited or sad and blue. These feelings usually interfere with a person's ability to conduct a normal family, work and personal life. Sometimes the strong excitement or happy feelings make it hard to realize one can be ill. Some people find they want to use alcohol or other drugs to change the way they feel — this is a bad idea.

# Treatment

Treatment for bipolar disorder for you or your family member begins with a thorough physical and psychiatric examination by a doctor that includes a careful assessment of the symptoms the individual is experiencing. The doctor will ask questions about medical conditions you may have, family history to detect the presence of the illness in other family members, as well as history of any past or current medications that may have been given to you by other doctors or clinicians for this condition, as well as what strategies that have or have not worked for you so far.

When this assessment is complete, the doctor will create a careful treatment plan with you.

Three components of effective treatment are MEDICATIONS, learning new coping skills (also called CLINICAL AND REHABILITATIVE INTERVENTIONS) and ONGOING COUNSELING.

## MEDICATIONS

Three types of medications are used to treat the different phases of bipolar disorder. They are:

- I Mood Stabilizers
- I Antidepressants
- I Antipsychotic Medication

Mood stabilizers are typically prescribed for people with feeling “high”, talkativeness, irritability, accelerated speech and other manic symptoms as well as depression that interfere with a person’s functioning. These medications commonly reduce the intensity of mood swings and usually restore the person to a more normal level of functioning. Lithium, depakote and carbamazepine are common medications in this group. They also are particularly important to help people prevent symptoms from coming back after they are controlled.

Antidepressants are prescribed for persons with the symptoms of depression. These may include feelings of sadness and depression as well as slowed, sluggish behavior. These medica-

tions help the body regain its energy so that the person has more interest in daily life. It is important to note that antidepressants may worsen manic symptoms and should be used after careful consultation with your doctor.

Antipsychotic medications are sometimes used for people with bipolar disorder who may have *hallucinations* or *delusions*. *Hallucinations* are perceptual experiences that are not actually occurring, such as hearing voices telling one to harm oneself. *Delusions* are fixed false beliefs about the self, such as “Everyone is out to get me.” Antipsychotic medications can be very helpful in these cases and your or your loved one’s doctor will have several to choose from, including newer medicines such as olanzapine, quetiapine, risperidol and ziprasidone.

Decades of research has shown that medications are an important treatment intervention with good results. The range of medications available allows your doctor to select the type most suitable for your or your family member’s needs. When prescribing medication, doctors

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often think in terms of how the medication might affect different phases of the illness. The phases of bipolar disorder includes an initial manic and/or depressed stage, known as the ACUTE PHASE. The next is the early and initial recovery stage, known as the CONTINUATION OR EARLY STABLE PHASE. The third is the maintenance stage, or PROPHYLACTIC PHASE. Medicines may be changed as the course of recovery continues. It is important to know that all medications have benefits, risks and potential side

effects. It is equally important to know that there are also risks in NOT taking medications. You should discuss all of these issues carefully with your doctor.

Side effects will be discussed between you and your doctor. Individuals who are using these medications will be carefully monitored in order to minimize these effects. Sometimes, changing medications will eliminate some side effects. Elderly patients, pregnant patients and mothers who are nursing should take particular care in discussing side effects in detail with their doctors.

## CLINICAL AND REHABILITATION INTERVENTIONS

As with any chronic illness, a person with bipolar disorder may occasionally have a reappearance of acute phase symptoms as well as difficulty managing daily activities. It is common for people with bipolar illness to have periods of high functioning interrupted by periods of low functioning. For instance, people with bipolar disorder often have success at work, but may need support to maximize their functioning. There are several ways to address this — some of the more common approaches include family therapy, group therapy, skills-based programs and psychoeducation.

It is very important to understand that no family member caused their loved one's bipolar illness, since it is a medical condition. The quality of support and the reliability of personal relationships may affect the course of the illness. At the same time, the person's illness may cause concern for himself or herself as well as increased general stress for the family.

Family psychoeducational therapy can be helpful in these situations by focusing on improving communication among family members, helping the person with bipolar illness understand the benefits of consistently taking their medication and learning strategies to pre-

vent relapses. In this type of treatment, family members can feel supported and the individual with the illness can learn new ways for maintaining recovery.

Group therapy can also provide needed support and helpful skills for the person with bipolar disorder. In group therapy, people learn they are not alone with the illness; they receive important emotional support; learn skills for coping with medications, interpersonal and work-related issues; and learn ways to cope with stigma from others. Maximizing work or social functioning is a core aspect of recovery and skill-based interventions — for example, school and job training can help with this.

Overall, psychoeducational treatments help the person and his or her family members to better understand bipolar illness so that recovery can be reached sooner. In these types of approaches, individuals with the illness and their family members can expect to discuss topics such as accepting the illness, identifying early warning signs of difficulties about to happen, learning to cope with mood changes, understanding medications and where to find self-help groups and accessing employment or training resources.

## ONGOING COUNSELING

Since people with bipolar disorder often experience swings in mood, even the most motivated individual can occasionally become overwhelmed. Denial, guilt, self-blame and hostility toward both the self and other can be seen as a solution. To prevent this from happening, ongoing counseling with

your doctor and your health care treatment team can help in identifying early warning signs, treating the warning signs quickly and keeping up morale. The frequency of psychotherapy visits is an individual preference, but these visits are an important aspect of recovery.

**REMEMBER: YOU ARE NOT ALONE. THERE IS HELP. THERE IS HOPE.**

# Common Medications and Generic Names

<u>TRADE OR COMMON NAME</u>	<u>GENERIC NAME</u>
ATIVAN .....	LORAZEPAM
CALAN .....	VERAPAMIL
CLOZARIL .....	CLOZAPINE
DEPAKENE .....	VALPROIC ACID
DEPAKOTE .....	DIVALPROEX
GEODON .....	ZIPRASIDONE
HALDOL .....	HALOPERIDOL
KLONOPIN .....	CLONAZEPAM
LAMICTAL .....	LAMOTRIGINE
LITHOBID/LITHIUM .....	LITHIUM CARBONATE
NEUROTIN .....	GABAPENTIN
PROZAC .....	FLUOXETINE
RISPERDAL .....	RISPERIDONE
SEROQUEL .....	QUETIAPINE
TEGRETOL .....	CARBAMAZEPINE
TOPAMAX .....	TOPIRAMATE
WELLBUTRIN .....	BUPROPION
ZYPREXA .....	OLANZAPINE

# RESOURCES

American Psychiatric Association  
[www.psych.org](http://www.psych.org)

American Psychological Association  
[www.apa.org](http://www.apa.org)

Career Centers  
[www.looksmart.com](http://www.looksmart.com)

Knowledge Exchange Network  
[www.mentalhealth.org](http://www.mentalhealth.org)

Manic Depressive and Depressive Association  
[www.manda.org](http://www.manda.org)

Massachusetts Rehabilitation Commission  
[www.state.ma.us/mrc.htm](http://www.state.ma.us/mrc.htm)

National Alliance for the Mentally Ill  
[www.nami.org](http://www.nami.org)

National Institute for Mental Health  
[www.mentalhealth.org](http://www.mentalhealth.org)

**Massachusetts Department of Mental Health**  
25 Staniford Street  
Boston, MA 02114  
617-626-8000  
visit DMH on the Web at [www.state.ma.us/dmh/](http://www.state.ma.us/dmh/)

**Massachusetts Division of Medical Assistance**  
600 Washington Street  
Boston, MA 02111  
1-888-665-9993  
visit DMA on the Web at [www.state.ma.us/dma/](http://www.state.ma.us/dma/)